Minorities & Rural Health

Publications of the Rural Health Research Centers funded by the Federal Office of Rural Health Policy

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November 7, 1997

The Federal Office of Rural Health Policy promotes better health care service in rural America by developing and disseminating rural health information. The health status of rural minority residents and issues in rural minorities' access to health care are particular concerns of ORHP. This bibliography highlights the research on rural minority health and health care which has been done at the ORHP-funded rural health research centers. Most of the research publications described here were funded by ORHP. Some were funded by other federal agencies and by private foundations.

We hope you find this annotated bibliography useful and informative.

Sincerely,

Patricia Taylor, Ph.D.
Director of Research Programs
Federal Office of Rural Health Policy

SECTION I

Publications Funded by the Federal Office of Rural Health Policy (ORHP)

Content of Obstetric Care for Rural, Medicaid and Minority Women

Sharon Dobie, L. Gary Hart, Meredith Fordyce, Holly Andrilla, Roger Rosenblatt

American Journal of Public Health, *January 1998*

This study explored the hypothesis that low-risk minority or Medicaid women, or women in rural areas receive less adequate obstetric care than other women. The prenatal and intrapartum care received by a random sample of low-risk women in Washington state was studied. The provider group included a random sample of urban obstetricians, family physicians, nurse midwives, and rural obstetricians. Chart review was used to identify all services received during pregnancy and parturition. The relative value of those services was determined based on insurance fee schedules. The results were reported for three dichotomous groups: white non-Hispanic versus all other racial/ethnic groups, Medicaid versus privately insured patients, and rural versus urban women. The data did not support the hypothesis, but showed that the pattern of care received by and the total amount of resources used for the minority, Medicaid, and rural women was very similar to that of their majority counterparts.

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Funding Agency: Agency for Health Care Policy and Research , Grant No. H507412, and Office of Rural Health Policy, Grant No. CSR00007.

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The Interactive Effects of Race and Ethnicity and Mother's Residence on the Adequacy of Prenatal Care

Michael K. Miller, Leslie L. Clarke, Stan L. Albrecht, Frank L. Farmer

This paper examines the relationships among race/ethnicity, residence, maternal sociodemographic and medical risk characteristics, and use of prenatal care in the United States. Using data from the National Maternal and Infant Health Survey, this study found important differences in prenatal care use by race/ethnicity and residence, as well as interactive effects of these variables. Single marital status, nonmetropolitan residence, poverty, low level of education, and no insurance were more strongly associated with inadequate prenatal care for whites and Hispanics than for blacks. Nonmetropolitan residents were more likely to receive inadequate care, regardless of race/ethnicity or sociodemographic characteristics. Predicted probabilities of prenatal care use by race/ethnicity and residence showed that, regardless of risk, nonmetropolitan Hispanic women had the highest probability of obtaining inadequate prenatal care. Results highlight the continued importance of race/ethnicity and rural residence in determining prenatal care use and the need to design interventions targeted to these populations.

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Funding Agency: Office of Rural Health Policy, Grant No. CSR000001

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Migrant Farmworkers: A Critical Review of Health Issues

Joel S. Meister
April 1992

Information on the migrant farmworker is sparse, with little or nothing reported in the medical literature concerning their health status. This paper describes the special characteristics of the migrant population with special attention paid to the health hazards they encounter, their health status and health-seeking behavior. Specific health issues prominent in this population are examined. Recommendations are given for the health profession in responding to the unique needs of the migrant farmworker and his family.

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Center:	Southwest Border Rural Health Research Center
Funding Agency:	Office of Rural Health Policy, Grant No. HA-R-000020-01
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A Shared Vision: Building Bridges for Rural Health Access. Conference Proceedings

National Rural Health Association
1994

This publication, and the conference of the same name, was co-sponsored by the National Rural Health Association, the Federal Office of Rural Health Policy, the Bureau of Primary Health Care, and the Robert Wood Johnson Foundation. The conference was held in 1993, and provided an opportunity for practitioners, community activists, policy makers, and administrators to discuss health care access for minorities and to develop strategies to improve health care access for minority populations living in rural areas. The keynote address provided an overview of rural minority health issues, their problems in accessing services, and the implications for America's agenda for health care reform. Five panels presented reports on the Economic Health of the Community, Financial Barriers and Resources, Supply and Training of Health Professionals, Ethics Related Issues, and Rural Health Hazards and Risks. These topics were then used as a framework for the work groups, whose reports are included in this publication.

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Center:	National Rural Health Association
Funding Agency:	Office of Rural Health Policy; Bureau of Primary Health Care; Robert Wood Johnson Foundation
Report Availability:	Available for $25 prepaid from: National Rural Health Association Publications Department One West Armour Boulevard, Suite 301 Kansas City, MO 64113 (816) 756-3140 • FAX (816) 756-3144

Urban/Rural Differences in the Likelihood of Health Professional Shortage Area Designations in Counties with Large Minority Populations

Rebecca T. Slifkin, Donald H. Taylor, Jr., Tanya Morgan, Thomas C. Ricketts, III

November 1996
Working Paper No. 46

Research has shown that minority populations have less access to health care providers and receive fewer medical services. Programmatic assistance funded by the Federal government is available to areas designated as medically underserved or suffering from a shortage of health care providers. This paper examines the relationship between counties designated a Health Professional Shortage Area (HPSA), the concentration of minorities (Black and Hispanic) within those counties, and whether the county is urban or rural, to see if counties with relatively high minority populations differ in their likelihood of being designated a HPSA, and whether there is any differential effect of rurality. Data were obtained from the 1993 Area Resource File and the HPSA shortage designation tapes from the Bureau of Primary Health Care, Health Resources and Services Administration. Results show a strong trend towards designation as a HPSA as the percentage of a county's population which is black increases. For rural counties, this trend usually results in whole county designation. The relationship between Hispanic population concentration and HPSA designation is less clear than for black population concentration.

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Report Availability:	North Carolina Rural Health Research Program, Cecil G. Sheps Center for Health Services Research, University of North Carolina at Chapel Hill 725 Airport Road, CB #7590, Chapel Hill, NC 27599-7590 (919) 966-5541 • FAX (919) 966-5764

Marital Status and Birth Outcomes: Toward an Understanding of Race and Ethnic Differences

Stan L. Albrecht, Leslie L. Clarke

In C. Jacobsen (Ed.) American Families: Issues in Race and Ethnicity. *New York: Garland Press, 1995, pp.429-462.*

Although there has been a decline in the rate of infant mortality over the past several decades, substantial differences still exist between subgroups of the population, most notably African Americans and Hispanics (both black and white). The authors target family structure as a variable to help explain infant mortality and life chances for whites, blacks, Hispanic-whites and Hispanic-blacks. The authors focus on the relative importance of marital status because of their anomalous finding that marital status may operate differently in explaining black infant mortality than in explaining white or Hispanic infant mortality. Data was obtained from the 1987 vital statistic birth and infant death certificate records for the State of Florida. Death certificate data was linked to birth certificate data to provide information such as the maternal and medical characteristics. From the linked records, a set of maternal sociodemographic variables and medical care utilization measures known to be important predictors of infant health and survival were selected. The authors found that, unlike children of single white and Hispanic mothers, the infants of single black mothers had better chances of survival than did children of married black mothers. They suggest that informal family support structures, especially those of the extended family, may actually provide more support for single black women than they do for married black women, and in many instances may be normative in parts of the black community.

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Minority Physicians Serving in Rural National Health Service Corps Sites

Donald E. Pathman, Thomas R. Konrad

Medical Care, 34 (5): 439-454, May 1996

Providing National Health Service Corps (NHSC) scholarships to underrepresented minorities has been an important federal mechanism to bolster the numbers of minority physicians, yet little is known about how minority physicians fare during their NHSC commitment periods of service. This study discusses the results of a survey of primary care physicians in the NHSC scholarship program placed in rural communities from 1987 through 1990. Thirty-one percent of the respondents indicated they were minorities. National Health Service Corps physicians were found to be well matched by race to the sites where they served, and minority NHSC physicians worked in counties and practices with greater proportions of minority inhabitants and patients. The NHSC plays a significant role in the careers of many young minority physicians and in promoting the temporary availability of minority physicians for rural health professional shortage areas. However, as of 1991, many minority NHSC physicians placed in rural areas would have preferred urban sites, which resulted in their lower satisfaction.

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AFRICAN AMERICANS

Patterns of Substance Abuse Among Rural Black Adolescents

Stan L. Albrecht, Cheryl H. Amey, Michael K. Miller

Journal of Drug Issues, *26(4): 751-781, 1996*

Although substantial information about the overall incidence of adolescent substance abuse is available, very little is known about substance abuse patterns among rural adolescents, especially minorities. To assess the question of substance abuse patterns among rural blacks, the authors analyzed data from the most recently available national study of high school seniors (*Monitoring the Future: a Continuing Study of Values and Lifestyles of Youth*). The impact of residence and race on four types of drug use was studied. The sample consisted of approximately 49 percent females, 51 percent males. Blacks comprised slightly more than 16 percent of the sample. Consistent with the literature, the authors found that both rural and urban blacks are less likely than whites to use any drug. The commonly accepted perception of more frequent drug use among black adolescents is not supported by the data.

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Racial Differences in Adolescent Drug Use: The Impact of Religion

Cheryl H. Amey, Stan L. Albrecht, Michael K. Miller

Substance Use & Misuse, *31(10): 1311-1332, 1996*

Research on adolescent drug use has shown a consistent and significant relationship between race/ethnicity and adolescent drug use. Contrary to popular stereotypes, black teens tend to be less frequent users of illegal drugs than white teens. Data from a national survey of high school students (*Monitoring the Future: A Continuing Study of Values and Lifestyles of Youth*) was used to assess the question of the differential impact of religion on the substance abuse patterns of black and white youth. Results of the analysis show that twice as many blacks claimed religion to be very important in their lives. Also, black teens were significantly more likely than whites to be a member of a church and to attend services more than once a week. However, it was found that even though blacks experience higher levels of religiosity than do whites, it was not the overall deterrent to drug use for blacks that it is for whites. Residential differences were not examined beyond the major differentiation of metro and nonmetro areas, and the authors suggest this as one topic of future research.

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The Role of Race and Residence in Determining Stage of Diagnosis of Breast Cancer

Cheryl H. Amey, Michael K. Miller, Stan L. Albrecht

Journal of Rural Health, *13(2), Spring 1997: 99-108*

Previous research on breast cancer has found that rural residents and blacks suffer from higher mortality rates than their urban counterparts. Data for this study was obtained from the Florida Cancer Data System cancer registry and the Area Resource File and was used to examine residential and racial differences in stage at diagnosis for women with breast cancer. The study population included all women residing in the State of Florida between 1981 and 1989 who were diagnosed with breast cancer. Findings indicated that, with the exception of age, nothing is more significant than race in determining stage at diagnosis. Black women are nearly 65 percent more likely than white women to receive a late diagnosis. Black women residing in metro-adjacent rural counties are slightly more likely (8 percent) than urban black women to receive a late diagnosis. Black women living in geographically remote areas are the most disadvantaged. Their odds of receiving a late diagnosis are 46 times higher than for black urban residents. Moreover, the research showed that the disadvantage of residence applies only to black women.

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American Indian Health Services and State Health Reform

David Hartley

October 1994

This paper provides a descriptive overview of the way in which health services are provided to American Indians in rural areas of Minnesota under federal and tribal programs, and discusses how provision of these services is currently changing under Minnesota's health reform legislation. All Minnesota Indian tribes rely on private sector contracting for much of their inpatient care, and thus the needs of the Indian health care delivery and financing systems need to be reconciled with the requirements of state-level health care reform. MinnesotaCare health insurance, established in 1992 as part of the state health care reform legislation, has the possibility of providing relief to underfunded tribal health centers. The author concludes that the Minnesota experience may have implications for other states that attempt to integrate Indian health services with health care reform.

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State Health Care and Medicaid Reform Issues Affecting the Indian Health Care System

Anthony Wellever, Gerald Hill, Michelle Casey, Matthew Kauley, Patrick Hart

April 1996, Working Paper #15

Several states are planning and implementing statewide health care and Medicaid reform measures. Due to the unique structure and history of the Indian health care system (IHCS), these reforms are likely to affect American Indian people differently than other populations. The purpose of this study is to identify the salient issues for tribal and state governments arising from state health care and Medicaid reform initiatives and to assess the potential effects of reform on the IHCS and American Indian people. The investigation focused on states that recently have attempted to reform their health care systems and have substantial rural Indian populations. The health care reform goals of American Indians include 1) assuring the delivery of culturally appropriate services to Indian people, 2) maintaining or improving IHCS funding, and 3) respecting and preserving tribal sovereignty. The health care reform goals of state health care policy makers include 1) reducing the amount spent on Medicaid, 2) improving access to health care insurance for the uninsured, and 3) obtaining agreement among policy makers and relevant interest groups sufficient to gain approval of the policies proposed, specifically Medicaid managed care. The authors conclude that, while American Indians and state policy makers each have a different set of policy goals relative to health care reform, the goals themselves do not conflict and can be achieved.

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Perinatal Risk Factors, Prenatal Care Use, Birth Outcomes, and Infant Mortality of Rural and Urban American Indian Women

L. Gary Hart

Although American Indians constitute a substantial minority population in many rural areas, population-based research on the health status of American Indian women and infants is limited. This two-year study will use the most recent available data from the National Linked Birth Death Certificate Data Set (1989 and 1991) to compare the perinatal risk factors, prenatal care use, birth outcomes, and infant death rates of rural American Indians, urban American Indians and whites. Results of this study should help us better understand the health care needs of this population as well as the targeted interventions needed to improve birth outcomes and infant health status.

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Funding Agency:	Office of Rural Health Policy, Grant No. CSURC0001.
Report Availability:	Scheduled completion date Fall 1998

HISPANICS

Un Comienzo Sano: A Case Study of a Community-Based Prenatal Intervention

Joel S. Meister, Louise H. Warrick, Jill Guernsey de Zapien, Anita Wood

December 1990

This publication reports the design and implementation of a prenatal outreach and education intervention for low income, Hispanic women living in three migrant and seasonal farmworker communities in Arizona. The program included three major elements: a Spanish language prenatal curriculum; a group of mature Hispanic women recruited from the target communities and trained as *Comienzo Sano* (healthy beginning) *Promotoras* (health promoters), and the organization of a support network of local health professionals. The rationale for the demonstration is reviewed, and the structure of the intervention is described. Factors which facilitated and constrained implementation of the program are identified, and guidelines are provided for other health care providers and health educators interested in developing similar programs.

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Funding Agency:	Office of Rural Health Policy, Grant No. HA-R-000020-01
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Health Insurance Coverage of Mexican-American Families in the U.S.: The Effect of Employment Context and Family Structure in Rural and Urban Settings

Cheryl H. Amey, Karen Seccombe, R. Paul Duncan

Journal of Family Issues, *16(4):488-510, 1995*

This article examines the impact of the employment context and family structure on the health insurance status of Mexican families, using data from the 1987 National Medical Expenditure Survey. Latinos have been found to be more disadvantaged in terms of health insurance coverage than any other minority group. The research examines to what degree Mexican families maintain the disadvantaged position among Latino families. In addition, the NMES data was used to examine the impact of residence on the disadvantaged position of Latino groups, and to assess the impact of family characteristics and the employment context on the health insurance status of Mexican and non-Latino White families within and across residential groups. The data revealed that Mexicans, compared with other Latinos, Blacks, or Whites, were the most disadvantaged group, being less likely to have their entire family insured, and were more likely to have none of their family members insured. The findings suggest that residential location is an important determinant to understanding the pattern of health insurance for Mexican families, with sources of coverage for Mexican families differing significantly across residential location. The research also suggests that employment and family characteristics do not influence the probability of insurance coverage for a family.

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Health Insurance Coverage of Mexican-American Families: An Examination of Rural-Urban Differences

Cheryl H. Amey, Karen Seccombe, R. Paul Duncan

August 1994

In this study, the rate and sources of health insurance coverage are reviewed for white, black, and three distinct groups of Latino-Americans (Mexicans, Puerto Ricans, and Cubans). Additional analyses of rural/urban and family structure differences are then focused on the Mexican subgroup, because that is the largest and most rural segment of the Latino population. It is frequently reported that as a group Latinos are especially disadvantaged in their health insurance coverage. In fact, this general disadvantage derives primarily from the very low rates of health insurance participation by Mexicans—the rates of coverage among the other Latino groups typically fall between the rates for whites and blacks. The findings confirm substantial heterogeneity in the health insurance status of Latino-Americans. Secondly, the analysis indicates that the coverage of one family member, even an apparent "head of household" does not necessarily indicate that other members have health insurance. Finally, the research indicates rural/urban differences in the source and type of coverage for Mexican respondents, but no overall difference in the rate of having health insurance.

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Socioeconomic and Health Status Indicators Among Elderly Mexican Americans in the Southwest

Antonio L. Estrada
December 1988

This study analyzes data from the Hispanic Health and Nutrition Examination Survey for Mexican Americans aged 50–74. Comparisons are presented for gender and age groups. The findings suggest that elderly Mexican Americans are relatively poor, low educated and speak mostly Spanish. The health status indicators reflect, in general, poorer health status among elderly Mexican Americans.

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Utilization Barriers Among Mexican Americans in the Southwest

Antonio L. Estrada
December 1988

The purpose of this study is three-fold: 1) to document the type of barriers encountered which prevent Mexican Americans from obtaining health care, 2) to examine which sociodemographic subgroups are being prevented from obtaining health care within the Mexican American sample, and 3) to examine the joint effects of predisposing, enabling and need characteristics on utilization barriers. Data from the Hispanic Health and Nutrition Examination Survey conducted by the National Center for Health Statistics in 1982–1984 was studied. The findings suggest that there is a differential relationship between specific predisposing, enabling, and need characteristics and utilization barriers. Generally, low income groups, younger age groups, the less acculturated, those who lack health insurance coverage and those in poorer health encounter more barriers than others and are prevented by these barriers from obtaining medical care. Service delivery implications are also discussed.

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SECTION II

Publications Funded by Other Agencies

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Funding Agency: Center for Disease Control and Prevention, National Center for Health Statistics. Grant U83/CCU708686

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Health Status and Access to Care Among Rural Minorities

Keith Mueller, Suzanne T. Ortega, Keith Parker, Kashinath Patil, Ahuva Askenazi
July 1993

Improving Health Services Research Related to Rural Minorities. Proceedings from a Workshop, October 22–23, 1993

NEW YORK RURAL HEALTH RESEARCH CENTER

Contact Person: Jere Wysong, Ph.D., Director

Center: New York Rural Health Research Center

Funding Agency: Agency for Health Care Policy and Research (AHCPR), Contract no. 282-93-0040

Report Availability: New York Rural Health Research Center, State University of New York at Buffalo, Erie County Medical Center, 462 Grider Street, Buffalo, NY 14215
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HIV/AIDS in the Rural United States: Epidemiology and Health Services Delivery

Robin P. Graham, Maureen L. Forrester, Jere A. Wysong, Thomas C. Rosenthal, Paul A. James
January 1995 Working Paper no.6

SOUTHWEST BORDER RURAL HEALTH RESEARCH CENTER

Contact Person: A. Howard Eng, Ph.D., Director

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Funding Agency: Arizona Department of Health Services, Contract No. 3099-GH8025-6-1-EB-9345

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AIDS Knowledge, Attitudes and Beliefs Among Blacks, Hispanics and Native Americans in Arizona

Antonio L. Estrada,
June 1990

Evaluation of a Peer Health Worker Prenatal Outreach and Education Program for Hispanic Farmworker Families

Louise H. Warrick, Anita H. Wood, Joel S. Meister, Jill G. de Zapien
December 1990

Hispanic Health Care Needs Along the United States/Mexico Border and the Training Needs of Health Providers

Antonio L. Estrada, Alison Hughes
December 1990

Risk Reduction Among Hispanic I.V. Drug Users and Receptivity to Community AIDS Education

Antonio L. Estrada, Julie Reed Erickson, Sally Stevens, Peggy Glider
October 1989

UNIVERSITY OF NORTH DAKOTA RURAL HEALTH RESEARCH CENTER

Contact Person: Brad Gibbons, Ph.D., Director

Center: UND Center for Rural Health

Funding Agency: Administration on Aging, Office of Human Development Services, Department of Health and Human Services. Grant NO. 90-AR-0119/01

Report Availability: Center for Rural Health, University of North Dakota, School of Medicine, Grand Forks, ND 58203
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An Assessment and Evaluation of Native American Aging Research for the Aberdeen Service Area. Final Report.

Joyce Altobelli, Jack M. Geller, Nancy Harles, Richard Ludtke, Kyle Muus, David Torkelson
May 28, 1990

NATIONAL RESOURCE CENTER ON NATIVE AMERICAN AGING AT THE UNIVERSITY OF NORTH DAKOTA

Contact Person: Alan Allery, Director
Center: National Resource Center on Native American Aging at the University of North Dakota
Funding Agency: Administration on Aging, Department of Health and Human Services, Grant No. 90-AM-0756
Report Availability: Resource Center on Gerontology • (800) 896-7626 • (701) 777-3766

Are There Barriers to Accessing Care for Older Native Americans?

Richard L. Ludtke, Shihua Pan
December 1994 Report 94-2

Are Elders Unique in the Ways They Access Providers?

Richard Ludtke, Shuhua Pan
February 1995 Report 95-1

Dental Services and the Elderly

Richard L. Ludtke, Shihua Pan
November 1995 Report 95-3

Do Most Native Americans Have a Usual Source for Health Care Services?

Richard L. Ludtke, Shihua Pan
August 1994 Report 94-1

How do Native Hawaiian Families Manage Care for Their Dependent Elders?

Andrew Scott Ziner
July 1995 Report 95-2

WWAMI RURAL HEALTH RESEARCH CENTER

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Patient Outcomes and Medical Effectiveness Research in Rural Areas for Racial/Ethnic Populations: Issues and Recommendations

Edward Perrin, L. Gary Hart, Bruce Goldberg, David Grossman, Susan Skillman, Britt Paul
July 1996, Working Paper #40